

APPLICATION FOR STUDENT TRANSFER NEBRASKA ENROLLMENT OPTION PROGRAM 2024-25 SCHOOL YEAR

APPLICATION GUIDELINES:

- Between September 1 and March 15, application is to be submitted to the **Option School District**.
- If after March 15, application **MUST** be accompanied by a **WRITTEN** release (waiver) from an authorized official of the Resident District or **Section 2** must be completed by the resident school district, unless the student relocated after February 1st.
- Learning Community Open Enrollment Option Students – See note in ‘Information for Completing Section 1.

SECTION 1: TO BE COMPLETED BY THE PARENT, LEGAL GUARDIAN, OR STUDENT (if an emancipated minor or age 19 or older) requesting a transfer to attend a school district other than the district of residence.

Student Name: (Last, First, M.I.)	
Student Birthdate: mm/dd/yyyy	Sex: F _____ M _____
Parent/Guardian Name: (Last, First, M.I.)	
Mailing Address:	
Residence Address: (if different)	
City:	Zip Code:
Telephone Number: (home/work/mobile – circle one)	Email:
Expected Grade Level at Time of Enrollment: K 1 2 3 4 5 6 7 8 9 10 11 12	
Does the student require Special Education Services? (check one) Yes _____ No _____	
• If Yes, does the student have an Individualized Education Program (IEP)? Yes _____ No _____	
Is the student a sibling of a current Option student? Yes _____ No _____	
Has the student attended the Option District for the immediately preceding 2 years? Yes _____ No _____	
Did the student relocate after February 1 st ? Yes _____ No _____	
Does the student qualify for free or reduced price lunches? Yes _____ No _____	
Resident District Name:	Building Currently Attending:
Option District Name:	Building Preference:
My signature below acknowledges that I am the person with legal or actual charge or control of the above-listed student, I am completing this Application for Student Transfer pursuant to Sections 79-232 through 79-246 R.R.S., understand enrollment option is available only once to each student prior to graduation unless the option meets one of the exclusion criteria (see note on instructions), and have read the related materials provided on the Department of Education’s Enrollment Option Program website at https://www.education.ne.gov/fos/enrollment-option-application-instructions-faqs/	
Signature of Parent:	Date:

SECTION 2: TO BE COMPLETED BY THE RESIDENT SCHOOL DISTRICT (only if this application is submitted by the parent, legal guardian or student after the March 15 deadline, and the student has not relocated after February 1st).

The Resident School District: <input type="checkbox"/> Waives the March 15 th deadline.	<input type="checkbox"/> Does not waive the deadline date. Reason for Denial (required):
Name and Title of Authorized Official:	
Signature:	Date:

SECTION 3: TO BE COMPLETED BY THE OPTION SCHOOL DISTRICT. Whether approved or denied, send photocopies to the Applicant and the Resident District.

OPTION SCHOOL DISTRICT NAME:		
Date this Application Received:		
County:	County-District Number:	Phone Number:
The Option School District: <input type="checkbox"/> Approves this application	<input type="checkbox"/> Denies this application Reason for Denial (required):	
If district approves this application, date student will begin attending Option District: ____/____/____		
Name and Title of Authorized Official:		
Signature:	Date Application Accepted/Rejected	

CHANGE OF STATUS

To be completed by an authorized official of the Option District (or parent) when the Option student quits the option, withdraws the application prior to attending or if the Option student's Resident District changes for any reason and the student continues attending the Option District (original resident). **Send photocopies to the Applicant and the Resident District.**

The Status of This Student is Changed for the Following Reason(s):	
<input type="checkbox"/>	Withdrawal of the application prior to attending the present school year.
<input type="checkbox"/>	Cancellation of Enrollment Option during the present school year (Both Superintendents must sign below).
<input type="checkbox"/>	Has completed the grades offered in the Option District.
<input type="checkbox"/>	Attending High School in a district which is affiliated with the resident District.
<input type="checkbox"/>	Discontinuation of school attendance (moved away, deceased, etc.).
<input type="checkbox"/>	Other (Specify):
Date Change of Status:	
New Mailing Address:	
City:	Zip Code:
Telephone Number: (home/work/mobile – circle one)	
Resident School District Name:	
County:	County District Number:
Telephone Number:	
Name and Title of Option and Resident District Officials (or parent):	
Signature:	Date:
Signature:	Date: